Hudson Regional Hospital
55 Meadowlands Parkway Secaucus, NJ 07094
Phone: (201) 392-3083 -Fax: (201) 392-3127

SDS_____ IN-PT_____
please check off one of the above

Surgical Booking Form

Patient Information

LAST | *FIRST* | *MI* | *GENDER* | *DOB* | *AGE*

STREET ADDRESS | *SOCIAL SECURITY #*

CITY | *STATE* | *ZIP* | *EMERGENCY CONTACT*

HOME # | *WORK #* | *CELL #* | *EMERGENCY #*

Surgical Procedure Information

SURGEON | *ASSISTING SURGEON*

REQUEST DATE #1 | *TIME* | *REQUEST DATE #2* | *TIME* | *LENGTH OF CASE*

PRIMARY PROCEDURE NAME ☐*LEFT* ☐*RIGHT* | *CPT CODE #1* | *CPT CODE #2* | *CPT CODE #3* | *CPT CODE #4*

SURGICAL DIAGNOSIS NAME ☐*LEFT* ☐*RIGHT* | *ICD-10 CODE #1* | *ICD-10 CODE #2* | *ICD-10 CODE #3* | *ICD-10 CODE #4*

Pre-Operative Medical Clearance

DOES THE PATIENT REQUIRE PRE-OP MEDICAL CLEARANCE? ☐*YES* ☐*NO*
IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:

DOES THE PATIENT REQUIRE CARDIAC CLEARANCE? ☐ *YES* ☐*NO*
IF YES, NAME OF CLEARING PHYSICIAN AND PHONE #:

ANESTHESIA TYPE:

LOCAL_____ IV SEDATION_____ GENERAL_____ SPINAL_____ REGIONAL_____

Special Requests

EQUIPMENT | *SUPPLIES*

INSTRUMENTATION | *OTHER*

Insurance Information

IS THIS WORKMAN'S COMP? ☐*YES* ☐*NO*
IS THIS NO FAULT? ☐*YES* ☐*NO*
IS THIS PRIVATE HEALTH INS? ☐*YES* ☐*NO*
PLEASE ATTACH AUTHORIZATION LETTER
CASE CLAIM # | *DATE OF INJURY*

IS THIS A LIEN? ☐*YES* ☐*NO* ***PLEASE ATTACH SIGNED LIEN***
ATTORYNEY NAME | *ATTORNEY PHONE #*

PRIMARY INSURANCE | *SUBSCRIBER NAME* | *SUBSCRIBER SSN* | *SUBSCRIBER DOB*

POLICY # | *RELATIONSHIP TO PATIENT* ☐ *SELF* ☐ *SPOUSE* ☐*PARENT* ☐ *OTHER*

SECONDARY INSURANCE | *SUBSCRIBER NAME* | *SUBSCRIBER SSN* | *SUBSCRIBER DOB*

POLICY # | *RELATIONSHIP TO PATIENT* ☐ *SELF* ☐ *SPOUSE* ☐*PARENT* ☐*OTHER*

EMPLOYER NAME | *EMPLOYER ADDRESS* | *EMPLOYER PHONE #*

Insurance Pre-Certification Authorization

INSURANCE COMPANY PHONE # | *INSURANCE CO. REPRESENTATIVE* | *AUTH #* | *DATE OF AUTH.*

Surgeon's Scheduler's Information

NAME | *PHONE #* | *FAX #*

Transportation:
☐ *YES* ☐ *NO*